



CITY OF NEWPORT
Community Development Dept.
169 SW Coast Hwy
Newport, OR 97365
(541) 574-0629
(541)574-0644 Fax
INSP: BuildingPermits.Oregon.gov
or phone: 1-888-299-2821

Office Use Only

Permit #:

DEMOLITION PERMIT APPLICATION

Applications may be obtained online at:

www.newportoregon.gov/business/formsAppsPermits.asp

1. Job Information (where work is taking place)

Job Site Address: _____

Existing Use: _____ Approx. Date of Demolition: _____

Number of Structures _____ Square Footage _____

2. Contact Person (receives permit correspondence)

Name of Person: _____

Full Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

3. Property Owner:

Owner Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

4. Contractor Information (person/co performing the work)

Name of Contractor: _____

Full Mailing Address: _____

City/State/Zip: _____

OR CCB # (Req'd): _____

City Business License # (Req'd): _____

DEMOLITION CHECKLIST

Asbestos Survey

☐ Survey performed unless exempt (see below)

Water Supply

- ☐ Meter to be removed
☐ Meter to remain and be protected
☐ Private well to be filled and capped
☐ Private well to be used for other purpose

Sewer

- ☐ Sewer to be capped
☐ Existing line to remain and be used

Septic System

- ☐ Tank to be removed
☐ Tank to be drained and filled

Electrical Supply

- ☐ Electricity to be shut-off and meter removed

Gas

- ☐ Gas to be shut-off and meter removed

Safety Fencing

- ☐ Perimeter fencing installed where adjacent to right-of-way or work is likely to take more than 48 hours to complete

Existing Foundation

- ☐ Foundations destroyed and removed
☐ Site regraded and seeded

FEE: \$100 per structure Qty: _____ TOTAL: _____

Additional Comments or Information:

Asbestos Removal: The Department of Environmental Quality (DEQ) requires an Asbestos Survey before a structure is demolished or intentionally burned. Residential buildings with four or fewer units that were constructed after January 1, 2004 are exempt from this requirement. Only an accredited inspector may perform an asbestos survey. Additional information is available on DEQ's asbestos information page: <http://www.deq.state.or.us/ag/asbestos/business.htm>. You may also contact their Salem office at (503) 378-5086.

Waste Disposal: The City of Newport has a waste management agreement with Thompson Sanitary Services. Property owners and contractors may use their own equipment to transport and dispose of construction waste in conjunction with demolition activities. Otherwise a container should be obtained or other arrangements made with Thompson Sanitary (541) 265-7249. If the container is to be placed within the right-of-way, then a permit will need to be obtained from the Newport Public Works Department (541) 574-3378.

Wells: The Oregon Water Resources Department should be contacted if you plan to abandon an existing well. They can be reached at (503) 986-0851.

Sewer and Septic Systems: A plumbing permit is required when capping off a sewer line on private property. If the waste disposal system is a septic system, then the Lincoln County Sanitarian should be contacted at 541-265-4192.

Gas and Electricity Shutoff: To disconnect gas service contact NW Natural at 800-422-4012. Contact Central Lincoln PUD to disconnect electrical service (541) 265-3211.

Copyright Release: I hereby grant permission to the City of Newport to replicate, scan and post to the internet, in whole or part, drawings & all other materials submitted by me, my agents, or representatives. This grant of permission extends to all copies needed for administration of the City's regulatory, administrative, and legal functions, including sharing of information with other governmental entities and members of the general public.

I hereby certify that I have read & examined this application & know the same to be true & correct. All provisions of laws & ordinances governing this type of work will be complied with whether specified herein or not.

By attaching my signature below, I certify herein that I have read, understood, and confirm all the statements listed above & throughout the application form.

I agree _____

Authorized Signature: _____

Date: _____

Print Name: _____